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CONFIRMATION NO. 3611

|  |   |                               |   |                                    |
|--|---|-------------------------------|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/766,434   | <b>FILING OR 371(c) DATE</b><br>01/26/2004<br><b>RULE</b>   | <b>CLASS</b><br>473           | <b>GROUP ART UNIT</b><br>3711   | <b>ATTORNEY DOCKET NO.</b><br>4012 |
| <b>APPLICANTS</b><br>Donald E. Black, Van Wart, OH;<br><b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/189,904 07/02/2002 PAT 6,682,447<br><b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 05/04/2004  |   |                               |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <u>Allowance</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>20          |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2     |
| <b>ADDRESS</b><br>00029356   |   |                               |   |                                    |
| <b>TITLE</b><br>Training bat system  |   |                               |   |                                    |
| <b>FILING FEE RECEIVED</b><br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |